



# Business considerations for the upcoming Meeting of OECD Health Ministers

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April 2023



We thank the OECD for releasing and sharing the next steps and planning document, for the OECD Health Committee at Ministerial level in 2024. We recognize and commend the Committee's efforts in bringing together a global community of leaders in health to discuss and address key health challenges facing our world.

We commend the Committee's choice of the overarching theme, “Better policies for more resilient health systems.” This is a crucial concept for developed and developing countries alike, particularly in the present post-COVID context. Building health resilience is essential to ensure that individuals, communities, and countries adapt, respond, and recover from health crises effectively. As such, the theme is most appropriate for the upcoming Ministerial meeting.

As early planning for the Ministerial commences, we would like to take this opportunity to provide a few key comments and suggestions to draw OECD attention to, ahead of the Ministerial. In particular, *Business at OECD* (BIAC) emphasizes the importance of:

## **1. Linking health resilience with socio-economic resilience**

The economy and health are undeniably intertwined, and the impacts of health crises on economic stability have become alarmingly apparent during the COVID-19 pandemic. A direct correlation has been seen between countries' ability to respond to the pandemic, their progress towards Universal Health Coverage and control the spread of the virus and their ability to maintain economic performance and resilience within societies.

In other words, health resilience is not an issue that should be confined solely within the mandate of a country's health ministry. It is a goal that demands a concerted effort between various sectors and stakeholders beyond the health ministry. We strongly recommend that health resilience, as it is inextricably linked to socio-economic resilience, be escalated to a whole-of-government accountability, and we express our hope that the Ministerial meeting will produce such an output. This holistic approach can more effectively guarantee that health resilience is firmly embedded in policies and decision-making processes across multiple sectors and levels of government, as should be the case.

## **2. Developing linkage indicators**

The OECD can play a crucial role in reaching the above-mentioned objectives, as the organization focuses on comparing best practices and helping countries learn from one another, with the development of indicators being one well-utilized way to achieve its goals. Therefore, we suggest that the OECD plays to its strengths and develops novel indicators that link health resilience to socio-economic resilience.

These indicators should consider a range of factors, such as, but not limited to, health system capacity, pandemic preparedness and response, access to healthcare, health literacy, health equity, antimicrobial resistance (AMR), workforce availability and skills, digital maturity, health innovation and government-funded national immunization programs. Developing distinct and measurable indicators will prove fruitful in informing countries about their progress with regards to the strengthening of both their health and economic resilience. We find the upcoming Ministerial meeting to be an appropriate opportunity to discuss the development of these indicators and recommend that the topic be added to the agenda.

### **3. Unlocking the potential of health data**

Creating big health datasets and applying data analytics is crucial for supporting the quadruple aim: insights derived from health data can improve health outcomes, patient experience and clinicians' job satisfaction, and make health systems more efficient.

However, to achieve this a significant investment is required in both resources and expertise. Many countries lack the infrastructure and know-how to develop rigorous health data systems. Currently, health data held across different parts of health systems is disparate, not interoperable and not linked which means its full potential is not realized. There is a shortage both of health data analysts and clinicians trained to interpret data. Crucially, trust needs to be built across all participants of the health systems: patients need to trust that health data will be protected and secure and used only for intended purposes, clinicians need to trust that data is reliable, and insights are actionable.

There are several key areas where the OECD could support governments seeking to leverage health data better:

- Develop robust secure by design health data governance policies that protect privacy of individuals whilst using data to improve population and individual health care and for secondary purposes such as clinical research.
- Provide guidance on international standards to ensure a harmonized approach.
- Provide guidance on developing boundary-spanning workforce of the future combining both clinical and digital/data analytical skills.
- Provide guidance on developing systems that can easily integrate new/relevant data during health crises (e.g., disease surveillance and vaccination rates)

To achieve this a whole-of-government approach is required, including health, digital, labor, education, economy, and other ministries. The OECD is uniquely placed to collect and analyze existing best practices in this area and develop and design a comprehensive multi-agency approach and health data governance framework. We recommend that this should be discussed and further developed at the Ministerial meeting.

### **4. Resilience in health – learning from effective policies to improve workforce flexibility and health system preparedness**

The challenges of the pandemic highlighted long-standing issues associated with policies and funding arrangements that in most countries had resulted in an inflexible and inefficient health workforce. During the pandemic, many policy changes and new services were implemented to ensure that the capacity of the health workforce was optimized by making the better use of all health professionals. These included, for example, the deployment of community pharmacies to successfully implement face-to-face services such as vaccination, point-of-care testing, treatment of common conditions, and continuation of medication therapies. Without such changes in policy, these activities would otherwise have taken up capacity in higher cost (and less accessible) settings such as general practice or hospitals.

The pandemic also demonstrated the impact of infectious disease on adults. Health systems were ill-prepared and the pandemic reinforced the importance of adult immunization as a key path to exit from the COVID-19 pandemic and as an important policy priority to protect adults against Vaccine Preventable Diseases (VPD), support public health goals and drive health care efficiency and socio-economic prosperity, as well as to prepare for the next pandemic. There needs to be a shift towards protecting people against vaccine preventable disease across the life-course. These include:

- 1) implementing policies that prioritize and embed adult vaccination in national immunization plans and ensure sufficient funding to improve access and uptake of existing vaccines and faster inclusion of new vaccines,
- 2) Increasing awareness and education of citizens and healthcare professionals (HCPs) on the overall burden of VPDs and the benefits of adult immunization,
- 3) Improving access and convenience to vaccination for adults, including pharmacy-based vaccination,
- 4) Establishing digital vaccination registries to improve vaccination coverage rates across the life span and enable recalls and reminders.

In creating a more adaptive health system, centered around patient need and the accessibility of health care professionals, changes such as these improve the capacity and resilience of healthcare systems even without an increase in the overall size of the health workforce. It is important that governments take stock of the lessons of the pandemic, note the successes, and continue to move toward a more flexible and efficient health system by ensuring that all professionals are enabled to provide patient services and interventions at the highest level of their competencies and scope of practice.

The above will be crucial to discuss and build upon in the context of the proposed plenary session. Additionally, we also propose that the concept of immunization system resilience is discussed during the plenary session, under subtheme (d). Moreover, *Business at OECD* recommends changes to the wording and focus of the items under the proposed session 2 break-out session headed “Resilience and the health and social care workforce challenges” to ensure that the focus is not restricted to the “doctor/nurse of the future” or the “digital doctor” but rather the “efficient and effective use of the entire health workforce” and the “digital health professional.”

In addition, a case can be made for more investment in public health as well as policies that will improve access to innovative diagnostics, treatments and vaccines for vulnerable populations, including the elderly and those with chronic diseases, as critical component for building sustainable health systems. Increased financing in these fields and promoting health and well-being at work will allow for more flexibility from professionals and more personalized treatments for patients, thereby enhancing the people-centeredness of our health systems. In this context, value-based care, including efforts to optimize costs while maximizing outcomes for patients should be promoted utilizing high quality data from PaRIS surveys and other reliable studies.

## **5. Resilience in health – AMR & transparency of pharmaceutical markets**

We strongly support the inclusion of antimicrobial resistance on the Ministerial meeting agenda as the pandemic has made policy makers much more aware of the impact infectious diseases can have on both society and the economy. AMR has unique and specific challenges that require particular solutions in order to drive AMR R&D. The 2021 G7 made good progress on several aspects of AMR R&D – including shared valuation principles for antimicrobials and a statement for renewed action to support R&D, including through the exploration of new incentives, particularly pull incentives. There has been some progress in key countries but there is a continued need to translate the strong political support into meaningful action on AMR.

In the context of the discussion on resilience and transparency of pharmaceutical markets, it is worth emphasizing that previous OECD work concluded that medicines and vaccines do not fulfil the definition of global public goods. In relation to the pandemic, it is clear that the life science innovation ecosystem delivered effective diagnostics, vaccines and therapeutics in unprecedented time. The challenge for the global healthcare community, of which the biopharmaceutical industry is a part, is to turn our collective might into building structures that prevent future pandemics and expand structures for pandemic response where global equitable access is critical. The industry announced in July 2022 that it is willing to reserve an allocation of real-time production of vaccines, treatments and diagnostics for priority populations in lower income countries as well as take measures to make them available and affordable. Termed the Berlin Declaration, this creates an important platform for future discussion and progress.

Industry supports transparency as a means to ensure innovation reaches patients but transparency by itself is not a panacea as it can undermine tiered pricing strategies that consider a variety of different factors such as level of country economic development, health system design and operation, patient population size, disease burden, etc. We also note that previous OECD work on transparency supports the points above.

## **6. Climate change–health nexus**

We support the OECD Secretariat’s increasing focus on the environment-health nexus. Accounting for 4-5% of the world’s carbon emissions, the health sector is an important driver in ensuring a net-zero future. With the recent launch of the OECD Inclusive Forum on Climate Mitigation Approaches (IFCMA), there is an opportunity to increase dialogue around measuring and improving the environmental sustainability of health systems, and on evidence-based public policy approaches to achieving climate-resilient and sustainable low carbon health systems.

Improving the healthcare system’s environmental footprint can contribute to sustainable supply chains and better patient care pathways, in which the business sector and industry can also play a critical role. Therefore, we recommend that the Secretariat explore an in-depth session on this topic.

## 7. Health and well-being

We strongly advocate for increased dialogue on the topic of health and well-being, with a focus on increasing physical activity, to achieve global health objectives. Physical inactivity is an important yet modifiable risk factor for non-communicable diseases (NCDs). In fact, among those who meet the recommended levels of physical activity, there is a 20 to 30 percent reduction in risk of premature death.<sup>2</sup> Physical activity also benefits prevention of cognitive decline, symptoms of depression and anxiety, children's educational attainment and general well-being.

We would like to especially highlight the role the health & fitness industry can play in the scope of global health. The health & fitness industry can contribute toward direct and indirect GDP, employment, lower healthcare costs and potential healthcare savings. When governments invest in physical activity with a targeted approach (e.g., health, exercise, public and private sports/fitness facilities), even small investments can bring monumental returns. Some methods of public-private cooperation that the Ministerial could potentially address include granting more favorable tax rates to sports facility purchases/subscriptions and promotion of physical training programs and physical activity as preventative care.

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We thank the OECD Health Committee for promoting health resilience globally and believe that the upcoming Ministerial meeting in 2024 will provide a valuable opportunity to advance the agenda on health resilience and thereby increase the OECD's contributions in global health.

We note that the Ministerial meeting will be preceded by a High-Level Policy Forum open to civil society. We would be happy to work with the OECD secretariat and other partners in the co-creation of an agenda and the identification of possible experts as informative speakers to help inform and help frame the Ministerial discussion. In this regard, we are planning to hold a *Business at OECD* Health Forum, in early October 2023, to make the connections between health and other topics, and bring the momentum ahead of the Health Ministerial.



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